

COUNTY EXECUTIVE TARI MOORE'S TESTIMONY TO THE HEROIN AND OPIOID EMERGENCY TASK FORCE

Cecil County Maryland - March 17, 2015

Lt Governor Boyd Rutherford and members of the Heroin and Opioid Emergency Task Force, I welcome you to Cecil County and wish you a Happy St Patrick's Day.

I'm Tari Moore, the County Executive for Cecil County.

We're honored to be the site for the first regional summit of the Heroin and Opioid Emergency Task Force, and I look forward to sharing more with you about our journey, some solutions that have already created positive changes, and the challenges we see ahead.

With me (and available to answer questions) is Sheriff Scott Adams, Health Officer Stephanie Garrity, Judge Keith Baynes. Also here with me representing the Health Department is Ken Collins, Karl Webner and Mike Missouli, and representing the State's attorney is Karl Fockler. We also have Perryville Mayor Jim Eberhardt and former Elkton Mayor Joe Fisona, who is chairperson of the Mayor's Drug Task Force.

In June of 2013, Cecil County (with a population of just over 100,000) was notified by the State that we had the highest overdose death rate per capita in the State of Maryland in 2011.

That warranted a personal visit in August of 2013 from our former Governor and a number of State officials to discuss the county's overdose prevention program.

That was a real wake-up call for our community. Like every community, we knew we had substance abuse issues - but most of us did not recognize the depth nor the severity.

Since then, however, Cecil County has taken a systemic approach involving many organizations and agencies across our community. We've organized our efforts into 4 main categories - Prevention, Treatment, Recovery, and Public safety. We've found there tends to be overlap in both the problems and solutions in those four main categories - but with a great deal of sharing information and working collaboratively, we've had some excellent results.

In your blue folder, we've provided some information for you to take home. The first document (entitled "Substance Abuse - Update on Progress") is an overview and outline of some of the major initiatives we've implemented since September of 2013.

Behind that is a six page summary (front and back) with more detail of the initiatives, activities and events that have taken place in Cecil County in that same timeframe.

I won't go into the details at this point, but I did want to provide a few highlights:

I mentioned our systemic approach with the 4 pillars: Prevention, Treatment, Recovery, and Public Safety.

First pillar - Prevention. We've had two focus area - primary prevention and overdose prevention.

Primary Prevention:

- Students have been taken to view the Drug Enforcement Agency's "Target America" exhibit at the Maryland Science Center.
- The Maryland Strategic Prevention Network (MSPF) coalition has partnered with our Liquor Board Department to reduce alcohol sales to Minors.
- Cecil County has funded a small prevention program through the Health Department out of our lottery funds.

Overdose Prevention:

- Cecil County's first permanent 24 hour "Drug Take Back Box" was installed in Elkton by former Elkton Mayor Joe Fisona. In addition, the County holds two annual Household Hazardous Waste days at our County Landfill, where the community is invited to bring unused/unwanted medications to be disposed of properly.
- The Local Overdose Fatality Review Team (LOFRT) was established to review fatalities for commonalities and threads of significance. This has been a good resource for us as we look for root causes we can examine and deal with.
- The Health Department created the Community Overdose Response Training and Naloxone (Narcan) distribution. All of our emergency responders and our law enforcement officers are trained, and almost 200 members of our community have been trained as well. Significant impact on overdose deaths.

Second pillar - Treatment:

- The Health Department has partnered with our local Union Hospital for universal substance abuse screening in the hospital's emergency room.
- Creation of the Peer Recovery Advocate (PRA) program, which has won two awards for it's effectiveness. This program matches patients with "peers" (those who have been in recovery for at least five years). Counseling with both the patient and their family is done to communicate what treatment services are available, and follows up with an offer to physically walk people over to the Health Department for treatment.
- Along with the PRA program, the Health Department has also created a "Treatment on Demand" program, where people who walk-in can be seen immediately,

and recommendations for treatment are made.

Third pillar - Recovery:

- This is one of the most difficult because there still exists an enormous stigma against people who fight to stay in recovery, and a lack of opportunities for those in recovery - for example employment, housing, and support. Relapsing is common, and the uphill climb is steep.

- In the last 19 months, seven recovery homes have opened, and a number of community support groups have started.

- Our Health Department has partnered with the Cecil Whig newspaper in publishing a weekly column entitled "Voice of Recovery". These are personal stories of individuals who have ended their cycle of addiction - and most important, it's given a face and voice to people with this disease, which has given hope to many individuals and families who are in the middle of the battle.

Fourth pillar – Law Enforcement:

- We received our High Intensity Drug Trafficking Area (HIDTA designation) which allows us access to federal support to assist us in this fight.

- The County has funded additional positions in critical needs area - as in our Drug Court, our State's Attorney's Office, and with a matching grant partnership from the State, we now have a lab analyst in the Forensic Science Division of MSP who is dedicated to processing lab results for Cecil County. This enables our prosecutors to receive timely lab reports for when the case goes to trial.

- Cecil County Sheriff leads weekly criminal intelligence meetings, allowing for increased communication and collaboration.

Fortunately, Cecil County has strong partnerships among our public agencies as well as our hospital and our non-profit organizations.

As we look to continuing to build upon what we already have in place to fight this battle, there are some clear needs that emerge. I'll conclude my comments by outlining just 3 of them.

- 1) Funding continues to be is a huge barrier in allowing our community to offer a comprehensive program that includes what we need as part of an effective continuum of prevention and care - especially in these economic times - and for a small county like Cecil.

We hope the State will remain strong in their commitment to local health departments in fighting this crisis - as they are a key department local and state officials look to for solutions.

- 2) As you visit the different regions in the state, I believe a reoccurring theme will be the need for education and prevention. One of our biggest challenges in this crisis is finding

funding for prevention. When you're dealing with never-ending needs, it's usually one of the first things cut from budgets - but I believe it's the biggest tool we have for solving our substance abuse issues

A strong investment in prevention will also allow us to use limited resources in treatment, recovery, law enforcement, detention centers, and in our judicial system.

3) Make sure local government is very involved with state officials in finding solutions. We're your eyes and ears on the battlefield and we want to be strong partners with you in finding collaborative solutions moving forward.

There have been great strides made in understanding the causes and effects of substance abuse and the disease of addiction. Since this is not an issue that impacts just the people of Maryland, I anticipate there will be continued focus to find best practices in all of the "pillars" of fighting addiction. Those best practices may require legislative changes, so I would request the State's partnership as those practices are identified.

Thank you again for being here. We look forward to working with you in the future.